



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 715
TRENTON, NJ 08625-0715

JON S. CORZINE
Governor

www.nj.gov/health

HEATHER HOWARD
Commissioner

We are writing to you regarding your Pharmaceutical Assistance to the Aged and Disabled (PAAD) prescription coverage and Medicare Part D prescription drug benefits. To use PAAD benefits, all Medicare-eligible PAAD beneficiaries must be enrolled in Medicare Part D. PAAD and Medicare Part D benefits work together to provide PAAD beneficiaries with comprehensive prescription coverage. **Please read this entire letter carefully. All pages of the letter contain important information.**

Our records show that you have a Medicare Advantage plan, which means that the health insurance benefits you get through Medicare Parts A and/or B are provided by a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO). When you belong to a Medicare Advantage plan, you can only get Medicare prescription drug coverage from your same Medicare Advantage plan.

The Annual Coordinated Election Period for Medicare Part D and Medicare Advantage plans runs from November 15 through December 31 each year. Please contact your Medicare Advantage plan immediately for instructions on how to add a prescription drug benefit to your existing Medicare health insurance coverage during this annual coordinated election period that begins on November 15, 2008. **If you do not take action now to add prescription coverage to your Medicare Advantage plan, you will lose your PAAD benefits in 2009.**

It is important to remember that with your Medicare Advantage plan, you will be responsible for paying the monthly premiums yourself for your *medical* coverage under your Medicare Advantage plan. The PAAD program will pay up to \$30.99 in 2009 toward the monthly premiums for your *prescription* coverage only under your Medicare Advantage Plan. You should not pay more than \$6 for generic drugs or \$7 for brand name drugs by using both their PAAD and Medicare Part D benefits.

Please send the PAAD program proof that you have added prescription drug coverage to your Medicare Advantage plan. You can send a copy of your Medicare Advantage plan membership card that shows prescription drug coverage or a letter from your Medicare Advantage plan stating that you have prescription drug coverage through that plan. Mail this verification to PAAD, COB Unit, PO Box 715, Trenton, NJ 08625-0715. With your verification, be sure to include your: (1) full name, (2) PAAD identification number and (3) your phone number.

IMPORTANT – PLEASE NOTE: If you have other prescription coverage for yourself or as a dependent of your spouse through a retiree or union health plan, it is very important that you tell PAAD this information. To tell us if you are in a retiree or union health plan that has notified you to not enroll in a Medicare prescription drug plan, call the toll-free PAAD Hotline 1-800-792-9745 and ask for the COB Unit, or write to us at PAAD, COB Unit, PO Box 715, Trenton, NJ 08625-0715. Be sure to include your: (1) full name, (2) PAAD identification number, (3) your phone number and (4) a copy of the creditable coverage letter or notice from your retiree or union health plan or the front and back of your medical/prescription plan membership card.

Thank you for your cooperation. If you have questions regarding this letter, please call the toll free **PAAD Hotline 1-800-792-9745** and ask for the COB Unit.

Sincerely,

The PAAD Program